



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
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**D3243-041**  
**Job Sheet 181218**



Part No: D3243-041

Job Qty: 8 ea

Part Name: Bracket



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 7/24/18

Job Tracking No:

Due Date: 8/31/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV A IPP Rev:A New Issue 05-11-29 JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off         |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|------------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                  |
| 90    | Start up Operation | 8 Ea  | 8/31/18    | 8/31/18  | 0.00      | 0.00    | Start Up Waterjet     |           | SC 8/18/23       |
| 110   | Waterjet           | 8 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.87    | Waterjet1             |           | SC 8/18/23       |
| 120   | QC                 | 8 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.00    | QC2 Waterjet-1        |           | SC 8/18/23       |
| 130   | QC                 | 8 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.00    | QC8-2                 |           | AUG 24 2018      |
| 150   | Brake NC           | 8 pcs | 8/31/18    | 8/31/18  | 0.04      | 0.79    | Brake NC 1            |           | 38               |
| 160   | QC                 | 8 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.00    | QC5                   |           | 38               |
| 170   | HandFinish         | 8 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.32    | HandFinish1           |           | DR 3-3 18-10-02  |
| 180   | Small Fab          | 8 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.34    | Small Fab-3           |           | DAS              |
| 190   | QC                 | 8 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.00    | QC5                   |           | 38               |
| 200   | Powdercoat         | 8 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.25    | Powdercoat4           |           | BL 18-10-02      |
| 210   | QC                 | 8 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.00    | QC3                   |           | OCT 03 2018 68   |
| 220   | Packaging          | 8 pcs | 8/31/18    | 8/31/18  | 0.00      | 0.00    | Packaging3-1          | ST 48680  | OCT 04 2018 9-89 |
| 230   | QC21-SA            | 8 Ea  | 8/31/18    | 8/31/18  | 0.00      | 0.00    | QC21                  |           | OCT 04 2018      |

Part Op 110 - 1-Cut as per Dwg

Descriptions: 150 - Form as per Dwg D3243

180 - Install Inserts as per Dwg D3343

200 - \*\*\*\*\*Mask Holes\*\*\*\*\*

DAS  
21  
9-09

M 138839 START 8:45 OUT: 3:30 FINISH: 9:15  
2055004 Job BOM

| Part / Item  | Component Name         | Quantity             | Operation             | Container |
|--------------|------------------------|----------------------|-----------------------|-----------|
| M6061T6S.063 | 6061-T6 .063 Sheet     | 4.3992 sf (.5499 ea) | 90-Start up Operation |           |
| FE-032-EF    | Inserts Alt: FE-032-MD | 32 Ea (4 ea)         | 180-Small Fab         |           |

5099506 5X  
5071378 27X

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M6061T6S.063   | 4        | 139       | 0         |
| 180-Small Fab         | FE-032-EF      | 32       | 66        | 0         |

### Part Specifications

Specifications could not be found.



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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-----------------|--------------------------|--------------------|--------------------------|---------|--------------------------|------------|--------------------------|---------------------|--------------------------|---------------|--------------------------|------------------|--------------------------|------------------|--------------------------|-----------------------|--------------------------|--|--|--|--|---------------|--------------------------|----------|--------------------------|--|--|--|--|----------------------|--|--|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                          |                      |                          |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |         |                          |            |                          |                     |                          |               |                          |                  |                          |                  |                          |                       |                          |  |  |  |  |               |                          |          |                          |  |  |  |  |                      |  |  |  |  |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Step #: _____                                                                               |                          | <div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-left: 10px;"> <p><b>Container No: S104738</b></p> <p><b>Part: D3243 - 041</b></p> <p><b>Job No: 181218</b></p> <p><b>Serial No/Batch: S104738</b></p> <p><b>Revision:</b> _____</p> <p><b>Inspector:</b> _____</p> <p><b>Exp Date:</b> _____</p> <p><b>Instructions:</b> Various STC's</p> <p><b>Date:</b> 08/23/18</p> </div> </div>                                                                                                                                                                                 |                          |                      |                          |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |         |                          |            |                          |                     |                          |               |                          |                  |                          |                  |                          |                       |                          |  |  |  |  |               |                          |          |                          |  |  |  |  |                      |  |  |  |  |  |
| Description Work Order Devia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <b>Root Cause</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Environment</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">No Re-verification</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">Pressu</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">Positioned Wrong</td> <td style="width:15%;"><input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td><input type="checkbox"/></td> <td>Operator</td> <td><input type="checkbox"/></td> <td>Bending</td> <td><input type="checkbox"/></td> <td>Outside Dimensions</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td> <td><input type="checkbox"/></td> <td>Offset/Setup</td> <td><input type="checkbox"/></td> <td>Centre Not Concentric</td> <td><input type="checkbox"/></td> <td>Over/Under tolerance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td> <td><input type="checkbox"/></td> <td>Supplier</td> <td><input type="checkbox"/></td> <td>Cracks</td> <td><input type="checkbox"/></td> <td>Part Incorrect</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td> <td><input type="checkbox"/></td> <td>Training</td> <td><input type="checkbox"/></td> <td>Crimp/Kink/Ripple/Wave</td> <td><input type="checkbox"/></td> <td>Part Lost/Missing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Material</td> <td><input type="checkbox"/></td> <td>Use for Testing</td> <td><input type="checkbox"/></td> <td>Cuffs</td> <td><input type="checkbox"/></td> <td>Part Moved</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td> <td><input type="checkbox"/></td> <td>Poor Information</td> <td><input type="checkbox"/></td> <td>Crushing</td> <td><input type="checkbox"/></td> <td>Drawing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td> <td><input type="checkbox"/></td> <td>Rushing</td> <td><input type="checkbox"/></td> <td>Heat Treat</td> <td><input type="checkbox"/></td> <td>Finish</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td> <td><input type="checkbox"/></td> <td>Product Improvement</td> <td><input type="checkbox"/></td> <td>Wave/Twist in Tube</td> <td><input type="checkbox"/></td> <td>Misread</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td> <td><input type="checkbox"/></td> <td>Process Improvement</td> <td><input type="checkbox"/></td> <td>Marks/Chatter</td> <td><input type="checkbox"/></td> <td>Turning Sequence</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td> <td><input type="checkbox"/></td> <td>Manufacturing Process</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Misidentified</td> <td><input type="checkbox"/></td> <td>Past Due</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |                          | Environment                                                                                 | <input type="checkbox"/> | No Re-verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | Pressu               | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Bending | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Centre Not Concentric | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Cracks | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Cuffs | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | Heat Treat | <input type="checkbox"/> | Finish | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Wave/Twist in Tube | <input type="checkbox"/> | Misread | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | Turning Sequence | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> |  |  |  |  | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> |  |  |  |  | <b>OTHER :</b> _____ |  |  |  |  |  |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                             | <input type="checkbox"/> | Pressu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |         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| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | Operator                                                                                    | <input type="checkbox"/> | Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | Outside Dimensions   | <input type="checkbox"/> |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |         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| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | Offset/Setup                                                                                | <input type="checkbox"/> | Centre Not Concentric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |         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| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | Supplier                                                                                    | <input type="checkbox"/> | Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |         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| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | Training                                                                                    | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |         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| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                             | <input type="checkbox"/> | Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |         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| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | Poor Information                                                                            | <input type="checkbox"/> | Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | Drawing              | <input type="checkbox"/> |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |         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| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | Rushing                                                                                     | <input type="checkbox"/> | Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | Finish               | <input type="checkbox"/> |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |         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| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | Product Improvement                                                                         | <input type="checkbox"/> | Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | Misread              | <input type="checkbox"/> |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |         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| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | Process Improvement                                                                         | <input type="checkbox"/> | Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | Turning Sequence     | <input type="checkbox"/> |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |              |                          |                       |                          |                      |                          |               |                          |          |                          |        |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |         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| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | Manufacturing Process                                                                       | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                      |                          |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |          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| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | Past Due                                                                                    | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                      |                          |                  |                          |        |                          |          |                          |         |                          |                    |                          |          |                          |          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